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AUG 30 2005

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07/06/2005

LEXMARK INTERNATIONAL, INC.
 INTELLECTUAL PROPERTY LAW DEPARTMENT
 740 WEST NEW CIRCLE ROAD
 BLDG. 082-1
 LEXINGTON, KY 40550-0999

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Paula D. Kiser

(Depositor's name)

Paula D. Kiser

(Signature)

Aug. 30, 2005

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/826,670	04/05/2001	Xuan-Chao Huang	2001-0003	3538

TITLE OF INVENTION: METHOD FOR MIXING INKS FOR HIGH FIDELITY COLOR PRINTING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$0	\$0	\$0	10/06/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
GRANT II, JEROME	2626	358-002100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Stoll, Kennon & Park, LLP.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Lexmark International, Inc.

Lexington, KY 40550

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
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- ☒ Advance Order - # of Copies 3

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- ☐ A check in the amount of the fee(s) is enclosed.
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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 12-1213 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Elizabeth C. Jacobs

Date

Aug. 30, 2005

Typed or printed name

Elizabeth C. Jacobs

Registration No.

34,189

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FACSIMILE COVER SHEET

DATE: August 30, 2005
No. Pages Including Cover: 2
TO: Mail Stop ISSUE FRH
U.S.P.T.O.
Fax: (703) 746-4000
FROM: Paula D. Kiser
Company: Lexmark International, Inc.
Phone: (859) 232-7859
Fax: (859) 232-7850
RE: **Application. No.:** 09/826,670
Filing Date: 04/05/2001
Inventor: Xuan-Chao Huang
Title: Method for mixing inks for high fidelity color printing
Attorney: Elizabeth C. Jacobs
Docket No.: 2001-0003.00

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